
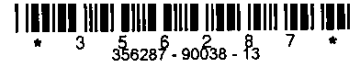


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90038 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000005073</b>			
1. Corporation Name <b>FAMILY AFFORDABLE HOUSING, INC.</b>			
Principal Place of Business <del>426 SOUTH FEDERAL HIGHWAY</del> <del>SUITE 201</del> <del>DANIA FL 33004</del>		Mailing Address <b>1400 EAST HILLSBORO BOULEVARD</b> <b>#100</b> <b>DEERFIELD BEACH FL 33441</b>	



2. Principal Place of Business 21 <b>1400 E. Hillsboro Blvd</b> Suite, Apt. #, etc. 22 <b>100</b> City & State 23 <b>Deerfield Bch FL</b> Zip 24 <b>33441</b> Country 25 <b>USA</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date incorporated or Qualified <b>10/26/1995</b>	
		4. FEI Number <b>65-0632347</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>POSNER, GARY</b> <b>21205 N.E. 34TH AVENUE #906</b> <b>AVENTURA FL 33180</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POSNER, GARY</b>	1.2 NAME	
STREET ADDRESS	<b>126 SOUTH FEDERAL HIGHWAY, #201</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLASSMAN, PHILIP</b>	2.2 NAME	
STREET ADDRESS	<b>126 SOUTH FEDERAL HIGHWAY, #201</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIRSCHFELD, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>126 SOUTH FEDERAL HIGHWAY, #201</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/99 (954) 725-9070**  
Date Daytime Phone #